Health Home Quality Improvement Workgroup - 7/20/2022

Participants

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Tami Lichtenberg Iowa Medicaid	**David Klinkenborg AGP**	Sara Hackbart AGP
Tori Reicherts ITC	**Bill Ocker ITC**	**Flora Schmidt IBHA**
Susan Seehase IACP	**Kristi Oliver Children's Coalition**	Paula Motsinger Iowa Medicaid
Stacy Nelson Waubonsie	**Amy May Waubonsie**	**Geri Derner YSS**
Jen Cross Orchard Place	**Kim Keleher Plains**	**Andrea Lietz Plains**
Melissa Ahrens CSA	**Christina Smith CSA**	**Faith Houseman Hillcrest**
Ashley Deason Tanager	Stephanie Millard First Resources	**Kristine Karminski Abbe**
Shawna Kalous Plains	**Rich Whitaker Vera French**	**Jamie Nowlin Vera French**
Crystal Hall Tanager	**Brooke Johnson Abbe**	Mike Hines Tanager
Karen Hyatt DHS	Ericka Carpenter Vera French	**Kelsey Poulsen Tanager**
Krystal Arleaux Orchard Place	Kellee McCrory U of I	**Brooke Watson Iowa Medicaid**

Notes

Diving into the Details

- LeAnn: Need to add something like….When considering the HH Provider Standards the workgroup… or….We reviewed the HH Standards contained in the federal regulation. Include what you evaluated to determine your recommendations and why you are recommending.
- Pam: as you were reviewing this, is there anything that you had questions on that you would like LeAnn's guidance/response on?
    - Kim Keleher: it would be good to review LeAnn's questions

        - Pam: LeAnn's comments were included in the report and email so that you could prepare in advance of the meeting and be ready to respond today.

    Pam: we have folks that couldn't attend today that provided feedback in advance that we will be adding. The goal for today is that you would have reviewed the comments and would be ready to go for this meeting. Under each heading included the same verbiage "Describe the workgroup process, considerations and materials reviewed. I think that the report should also include the justification and specific actional items for the recommendations when applicable". What would you like to add to address these?

- Crystal Hall: LeAnn said it best. It would be good to note the time that went into this. Calling attention to this would be helpful
    - LeAnn: It would be good to have that in the introduction. Can include something like the workgroup met x number of times for x number of hours to review the materials, discuss and provide recommendations.
- Crystal Hall: It would be good to include how many entities participated.
    - LeAnn: in other documents we have added this… workgroup participants included… then add the organizations and participant names. Could include in the beginning or at the end.
- Christina Smith: we looked at the same material for each section, can we add this to the beginning rather than each section?
    - Pam: That is what we included in the "Setting the Stage" section.
    - LeAnn: maybe under "Setting the stage" add a statement such as "based on the review of the maternal the workgroup has recommended changes to the SPA rules or processes would have been detailed in each section of the report"
- LeAnn: when we get down to the recommendations under each heading can include something like…..The workgroup recommends the following changes to the Provider standards in the SPA (then bullet them out). Basically include "why" are we changing it, a small justification statement. We want to the make it clear what the intent is. For example, "Based how the SPA is written today, the IHH is required to meet all of the criteria…. where the intent is the IHH meet one of the listed criteria" When referring to the SPA for include for example, "SPA 2021 page 9" to be specific.
- Pam: need to add what was unintentionally left out of the SPA (Chapter 24 accreditations).
    - LeAnn: that would probably we another bullet "The workgroup identified that Chapter 24 was left of out of the SPA…"
- LeAnn: It might be helpful to start each bullet with the SPA number and recommendation
    - Pam: all of the group's recommendations are for the current SPA.
- LeAnn: could add…. For section… page….

- LeAnn: need to include what we are recommending the change. For example, “A nurse is not specific to adult and child. Removing adds clarity and reduces confusion”
    - Kristine Karminski: that makes sense, seemed redundant.
    - Updated to*:*
        - “Remove “Child” and “Adult form nurse on page 16 of the SPA. A nurse is not specific to adult and child. Removing adds clarity, reduces confusion, and reduces redundancy.
- LeAnn: Add why recommending changing from “receive” to “accept”, for example…The group’s recommendation to the SPA language to change “receive” to “accept” provides clearer language to support referrals.
    - Richard Whitaker: when you say “accept’ there is an implication of choice, that there are some parameters we are working with.
- The group recommends removing “approved by the state”
    - LeAnn: add this is to accurately reflect that providers must have these in place not that the state must approve these agreements.
    - Updated to:
        - The group recommends removing “approved by the state” in the 2022 SPA on page 18 “Have evidence of bi-directional and integrated primary care/behavioral health services through use of a contract, memoranda of agreement or other written agreements approved by the State.” This is to accurately reflect that the provider must have these in place, not that the State must approve these agreements.
            - Group agrees
- LeAnn: the workgroup recommends that on SPA Page 19, that these are separate bullets, include why.
    - Updated to:
        - SPA Page 19, the group recommends making “Participate in ongoing process improvement on clinical indicators and overall cost effectiveness specified by and reported to the State” two bullets to clarify the distinct requirements.
            - Participate in ongoing process improvement on clinical indicators specified by and reported to the State and Lead Entities.
            - Participate in ongoing process improvement on overall cost effectiveness within the Health Home.
- LeAnn: The bullet point regarding page 20 “Complete web-based member enrollment….” better aligns with Coordinated Care. Just need to add justification for this change.
    - Updated to:
        - The group would like the bullet on page 20 “Complete web-based member enrollment, disenrollment, members’ consent to release to

information, and health risk questionnaires for all members" to be moved under Coordinated Care. This doesn't change the requirement but is more aligned with the description of coordinated care.
    - Group agrees
- LeAnn: Please clarify the need to change from evaluate to evaluation for bullet point "The group would like "evaluate…."
    - Kristine Karminski: assessment of services fits more of what we do. Evaluate is more judging and evaluating the tools being used to assist the member.
    - LeAnn: This reads, whole person care and coordination across the service array, you are monitoring and arranging for the member to receive evidence-based services and evaluation of the service as intended.
        - Richard Whitaker: maybe it's the way its used. Evaluate the appropriateness of evidence based and evidence informed services.
    - Updated to:
        - The group would like "evaluate" to be clarified on page 18 of the SPA "Monitor, arrange, and evaluate the appropriateness and effectiveness of evidence-based and evidence-informed preventive services" and change to evaluation or assessment of services.

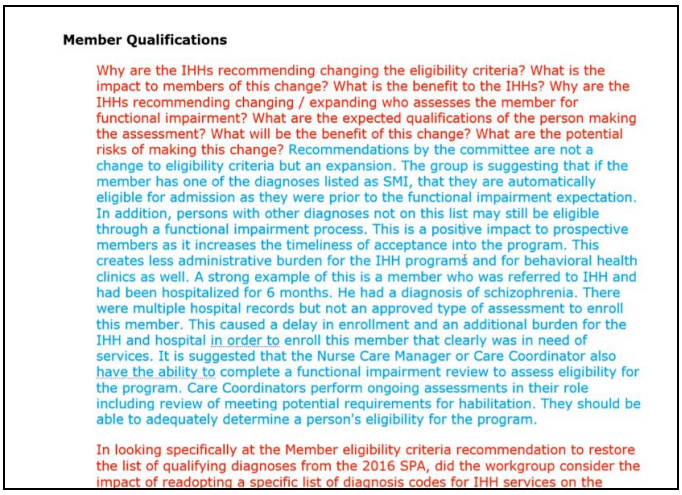
Health Information Technology (HIT)

- Pam: this workgroup has asked to put together a workgroup to work through HIT. Creating the framework within the SPA and have more focused work around this.
- LeAnn: is it part of federal requirements to have a certified EHR?
    - Pam: federal requirements are somewhat ambiguous and is left to the State to define. The CCHHs did have Meaningful Use EHRs. How do we update the SPA to reflect our current status and where we want to go?
        - Richard Whitaker: some concerns over the years have been regarding the SPA language with data analytics and population health. Initially thought to put that responsibility with the MCOs. Pam has helped to redirect that, what if the IHH uses the data within their EHR to be more effective and more efficient. Getting to that point will require some additional technical assistance (funding).
        - Christina Smith: How can we word it so that we can set us up for success. Have more of a collaboration. We don't want to have in the SPA what we are not meeting, but instead have more of a process on how to get there.
        - If not accomplishing what we need to, add in the SPA how we can accomplish that. How we can adopt a certified EHR. What have we done in the past 10 years?

- Pam: the workgroup's goal is to level set and how do we get to where we want to be.
    - Kim Keleher: need to define HIT. There is a specific definition that everyone needs to understand.
    - Pam – each state has a different HIE (functionality). Should be part of the level setting.
    - Christina Smith: - I think it is probably more of helping providers update and stay updated with their technology instead of providers not having any technology. A lot has changed in the last 10 years.
- Pam to add language that identifies a workgroup and what we would like the workgroup to focus on.

Member Qualifications

- LeAnn: you recommending making changes to the eligibility criteria, have you thought about the ramifications of that? You may have members on Hab and CMH that do not have a dx that was previously in the SPA. That is why we updated the SPA and based it on functional impairment.
    - Pam: Melissa Ahren's added some thoughts as she couldn't participate in today's call. She did a great job at summarizing the conversation from the group.
        - In blue is Melissa Ahren's feedback:



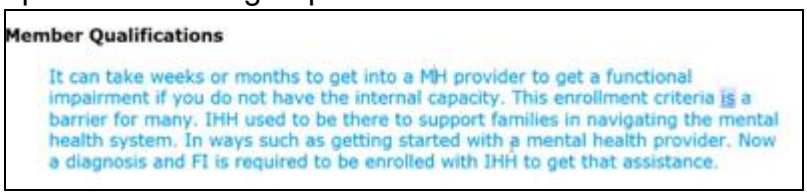
Member Qualifications

Why are the IHHs recommending changing the eligibility criteria? What is the impact to members of this change? What is the benefit to the IHHs? Why are the IHHs recommending changing / expanding who assesses the member for functional impairment? What are the expected qualifications of the person making the assessment? What will be the benefit of this change? What are the potential risks of making this change? Recommendations by the committee are not a change to eligibility criteria but an expansion. The group is suggesting that if the member has one of the diagnoses listed as SMI, that they are automatically eligible for admission as they were prior to the functional impairment expectation. In addition, persons with other diagnoses not on this list may still be eligible through a functional impairment process. This is a positive impact to prospective members as it increases the timeliness of acceptance into the program. This creates less administrative burden for the IHH programs and for behavioral health clinics as well. A strong example of this is a member who was referred to IHH and had been hospitalized for 6 months. He had a diagnosis of schizophrenia. There were multiple hospital records but not an approved type of assessment to enroll this member. This caused a delay in enrollment and an additional burden for the IHH and hospital in order to enroll this member that clearly was in need of services. It is suggested that the Nurse Care Manager or Care Coordinator also have the ability to complete a functional impairment review to assess eligibility for the program. Care Coordinators perform ongoing assessments in their role including review of meeting potential requirements for habilitation. They should be able to adequately determine a person's eligibility for the program.

In looking specifically at the Member eligibility criteria recommendation to restore the list of qualifying diagnoses from the 2016 SPA, did the workgroup consider the impact of readopting a specific list of diagnosis codes for IHH services on the

    - Brooke Johnson: with the way it is now, there is a significant administrative burden. We are recommending an additional work group around this so we can take a deeper dive.
        - Leann: need to be consistent with MHDS policies and procedures. Need to coordinate with them any screening tools, etc.
    - Leann: why are member's having a delay in services?
        - Christine Smith: don't have the FI. Compounds the process while waiting for the document.

- Brooke Johnson: add that we are requesting an additional workgroup to review requirements
  - Updated to:
    - Request an additional workgroup to review the current requirements, past requirements, workgroup recommendations (outlined below), unintended outcomes of both to provide a recommendation that meet the intended requirement and decreases mental health system and member burden.
- Kristine Karminski: need to look at all providers
  - Christina Smith: agree, it can take weeks or months to get a member in to see a MH provider to get a FI if you don't have the internal capacity.
- Krystal Arleaux: This enrollment criteria is a barrier for many. IHH used to be there to support families in navigating the mental health system. In ways such as getting started with a mental health provider. Now a diagnosis and FI is required to be enrolled with IHH to get that assistance.
- Brooke Johnson: the biggest things is that the member doesn't qualify, its about getting them enrolled and keeping them enrolled and getting the documentation back from the LMHP.
- Geri Derner: if the PCP is allowed to dx and prescribe for MH condition we should accept that and not require them to go to a LMHP. We use ARNPs with a psych endorsement but the ARNPs are not allowed to do the FI. The member has to go through another assessment.
  - Pam: this is why we need to work with MHDS on this. Pam to update with workgroup's feedback.



Lead Entity Standards

- Updated to:
  - Two bullets "Assessment of the Integrated Health Home and medical health provider's capacity to coordinate integrated care" and "Provide infrastructure and tools to Integrated Health Home providers and primary care physical providers for coordination" need aligned to clarify the distinct requirements. Suggest:
    - Assessment of the Integrated Health Home and primary care provider's capacity to coordinate integrated care
    - Provide infrastructure and tools to Integrated Health Home providers and primary care providers for coordination.
      - Group agrees

- Updated to:
    - In the State Plan amendment “Provide oversight, training, and technical support for Integrated Health Home providers to coordinate integrated care” Should be one bullet to clarify that this is one distinct requirement.

Team Qualifications

- Pam: adding a paragraph to the top of this section
    - Brooke Johnson: maybe add the impact of having shortages
    - Kim Keleher: affects member access to the IHH and needed services
    - Added:
        - The current workforce issue has created delayed access to IHH which in turns delays access to needed services that would be coordinated by the IHH. Due to the workforce shortage, Health Homes are experiencing difficulty in hiring staff, staff stress, and staff turnover. The following recommendations address this workforce shortage in a way the continues to support appropriate staff to meet Health Home requirements.
        - Pam: is this missing anything? Anything to add? Will still have an opportunity to make changes.
            - No response from the group.

Health Home Services

- Pam adding clarification at the beginning of this section
    - Added:
        - The workgroup identified that some Health Home services are required for all members and other services are based on the need of the member. They also identified that clarification of the team-based approach model is needed to support more focus on the model. The workgroup has recommended language below that supports services provided through the team-based model
        - Pam: anything to add/change?
            - No changes recommended by the group

Quality Improvement

- Pam: any updates to this?
    - No changes recommended by the group

Process Improvement Recommendations

- Pam: left broad – future work to identify what that means
- Pam: LeAnn mentioned simplified documentation is a broad term. Thoughts on this?
    - Kristine Karminski: Changes in chapter enrollment process that are burdensome from other programs. Chapter 90, agree with the HR assessment. Confusion on who is taking the lead on risk assessment.
    - Andrea Lietz: Its worth noting the NCQA standards as well.
    - Updated to:

        - The workgroup identified some process improvement needs that does not require a SPA change but would help decrease provider burden and improve the program.
            - Simplified documentation: The workgroup recommends looking for ways to simplify documentation in any area possible reducing the overall burden on staff. This means standardization of any forms/documentation and expectations possible for both ICM and non-ICM members. Health Risk Assessments are an example of where there is a lot of duplication in what is asked in addition to IHH assessments. (Chapter 78 [enrollment documentation], and chapter 90 [service documentation review], NCQA LTSS Standards). The workgroup recommends further dive into expectations around documentation.
        - Pam: anything to add/change?
            - No changes recommended by the group
- Pam: regarding bullet on transitioning one HH to another, already have started work around this in our Director meetings.
    - Melissa Ahren's feedback in red:

We have had a very significant increase in the last 8 months of transfers that didn't happen as we discussed at the IHH Learning Collaborative. When a child is transfering from a pediatric IHH to an adult IHH and needing 24 hour placement, the pediatric IHH should be responsible for completion of the CASH for Habilitation eligilbity and assist in making referrals. This should be an intentional and coordinated effort in the best interest of the member and family. Most providers have long waiting lists and this has resulted in several very stressful situations for all persons involved. This puts a huge burden on the staff of the adult program and causes great stress for members and families. While this is specific to CSA, the issue with transitioning is not. IHH programs should always ensure that the "receiving" IHH is ready to enroll and not just disenroll after a referral is made. The referring IHH should provide all transfer documents such as the CASH/other assessments, plan, etc. prior to transfer. Both IHH's should work together to ensure the persons' needs are being best met prior to this transfer. For example, if a member has moved 3 hours away from the IHH program unexpectedly, it may not be possible for the current IHH to complete an assessment that is due in a timely manner. This should be coordinated then with the other IHH to ensure adequate transitioning for that member.

    - <u>Updated to</u>:
        - Improve process of transitioning from one Health Home to another. The IHH Directors have already started this as a process improvement activity in the quarterly meeting and would like to finish process mapping to identify areas of improvement. The group has identified a need for standardized processes to transition from one Health Home to another so that Health Homes have a clear understanding of who is responsible for what and when things need to occur as there are current issues with transitioning members.
        - Pam: anything to add/change?
            - No changes recommended by the group

- Pam: regarding bullet point on Health Homes requirement to complete status reports. Anything to update here?
    - Kristine Karminski: timeline plays a part – isn't always consistent
    - Andrea Lietz: inconsistencies in MCO requests for information
    - Updated to:
        - Improve the process on how Health Homes are required to complete status reports so that Health Homes and Lead Entities understand why and how the information is reported. In the past this data has not been shared back with the Health Homes in a way that supports process improvement. The timeline for reporting the information isn't consistent or consistent across Lead Entities.
        - Pam: anything to add/change?
            - No changes recommended by the group
- Pam: anything else you would like to discuss?
    - Kristine Karminski: executive summary- core services. It talked about recommendation for the core services, must vs may, looks different in the draft SPA now.

Next Steps:

- Pam will clean up the Workgroup Report, update the SPA draft, and send both documents out to the group.
    - Please review and provide your feedback. You will have two weeks to review.